General Chiropractic Council

Protecting patients
Setting standards

In the matter of Section 22 of the Chiropractors Act 1994 ("the Act")

and

The General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules")

and

The consideration of allegation by the Professional Conduct Committee

---

NOTICE OF FINDING BY THE PROFESSIONAL CONDUCT COMMITTEE OF THE GENERAL CHIROPRACTIC COUNCIL

Name of Respondent:	**Nicholas John Hall**
Address of Respondent:	**Cotswold Chiropractic Clinic** **4 Huxley Court** **Cirencester** **Gloucestershire** **GL7 5XF**
Registration Number of Respondent:	**01915**
Case Reference Number:	**0209/01915/01**

On 9 – 10 July 2009 and 13 – 14 July 2009, the Professional Conduct Committee ("the Committee") of the General Chiropractic Council met to consider the following allegation against you, referred to it by the Investigating Committee in accordance with Section 20(12)(b)(ii) of the Chiropractors Act 1994 ("the Act"):

THE ALLEGATION:

That being a registered chiropractor you are guilty of unacceptable professional conduct.

PARTICULARS OF THE ALLEGATION:

That, being a registered chiropractor:

1. At the material times, you were in practice as a chiropractor at the Cotswold

Chiropractic Clinic at the Complementary Health Suite, Phoenix Surgery, Clarks Hay, South Cerney, Cirencester, GL7 5UA;

2. Patient A first consulted you for chiropractic treatment at the Cotswold Chiropractic Clinic on 29 January 2007 and was your patient thereafter until 20 January 2009;

3. During the period 29 January 2007 to 20 January 2009, Patient A attended your consulting room regularly, approximately fortnightly, and in total on some sixty occasions;

4. You failed during the treatment period:

    (a) adequately to review or re-assess your treatment of Patient A; and/or

    (b) adequately to record your findings on reviews or re-assessments;

5. Your records in respect of Patient A were inadequate in that you failed to record an ongoing plan of care;

6. After the initial appointment on 29 January 2007, you commenced a relationship with Patient A which became inappropriate and personal, including on occasions:

    (a) sharing with Patient A information about your wife, your family, your friends, your home and business life;

    (b) hugging Patient A and kissing her on her cheeks and/or face;

    (c) engaging in clinically unnecessary communication with Patient A including emails, texts;

    (d) telling Patient A to put her sexy underwear on for her husband;

    (e) giving Patient A massages of an intimate nature, involving fingertips and hands stroking along her body and/or face;

7. At a consultation on or about 18 September 2007, without clinical justification, you:

    (a) gave Patient A a massage on her bare buttocks, during which you placed your hands inside Patient A's underwear;

    (b) informed Patient A that the massage referred to at 7(a) above would assist with her loss of libido following her menopause;

8. At the next appointment on or about 2 October 2007, you kissed and touched Patient A intimately;

9. At the next appointment on or about 9 October 2007 you had sexual intercourse with Patient A;

10. During appointments after 9 October 2007, you engaged in an intimate relationship with Patient A, which frequently involved sexual intercourse;

11. Your sexual relationship with Patient A was conducted at the clinic;

12. You controlled the relationship with Patient A:

    (a) by deciding whether the consultation would be for sexual intimacy, treatment or both; and/or

    (b) by arranging for her appointments to take place predominantly at the end of the day;

13. On unknown dates during the period when Patient A was attending as your patient, you failed to respect patient confidentiality by discussing with her details of one or more patients and their treatment;

14. On an unknown date, you made an inappropriate reference to other female patients, by telling Patient A "I know all my ladies' bodies", or similar words;

15. On unknown dates between 2 October 2007 and 20 January 2009, you made records in respect of Patient A, indicating that chiropractic treatment had been given during consultations, when in fact only sexual intimacy had taken place, and in so doing:

    (a) your records were inaccurate; and/or

    (b) you acted dishonestly;

16. On unknown dates between 2 October 2007 and 20 January 2009, you issued invoices for chiropractic treatment to Patient A (which were paid) in respect of consultations when only sexual intimacy and not chiropractic treatment had taken place, and in so doing, you acted dishonestly;

17. Your conduct at 4 to 16 above was:

    (a) Not in Patient A's best interests;

    (b) An abuse of your professional position;

    (c) Liable to undermine confidence in the profession and bring the profession into disrepute.

In accordance with the provisions of Rule 18(1) (a) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules"), notice is hereby given of the decision of the Committee.

DECISION ON APPLICATION FOR ADJOURNMENT

At the outset of the hearing, the respondent's Counsel, Mr Barlow, made an application for an adjournment. The reasons given by Mr Barlow were that GP notes relating to Patient A had

only been received by him on 7 July 2009. Mr Barlow required time to obtain a professional opinion on the details of the medication that Patient A was prescribed at the time of the allegation. It was suggested that the medication might potentially have an effect on Patient A's recollection of events.

The Committee received legal advice that under Rule 10(1) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules"), it may adjourn the hearing from time to time as it thinks fit. Further, the Committee was advised to consider the following:

- The reasons put forward for the adjournment
- The effect on any witnesses in attendance
- The potential relevance of the material sought
- Whether the request was just and reasonable
- The attitude of the General Chiropractic Council (GCC) to the request
- The seriousness of the allegations.

Having taken the above into consideration, with some reservation, the Committee decided to grant the application.

The reason that the application was required was the recent arrival of the GP notes and the need to fully understand the importance of the contents.

Although Patient A was in attendance and her husband was due to attend, and whilst regretting the inconvenience and possible distress to be caused to both by the adjournment, the interests of justice were in favour of an adjournment.

The information sought was potentially of very high relevance to the issue.

A one day adjournment was just and reasonable in the circumstances.

Counsel for the GCC, Mr Cosgrove, advised his position to the application was a neutral one.

The allegation was a serious one and included particulars alleging dishonesty.

DECISION

At the start of the hearing the GCC offered no evidence in relation to Particulars 4, 5 and 14 of the Allegation. These particulars are therefore not proved.

At the outset of the hearing, Mr Barlow, on behalf of Mr Hall admitted the facts and matters as set out in Particulars 1, 2, 3, 6(a), (b) and (c), 8, 9, 10, 11 and 17(c) of the Allegation in so far as it related to those particulars already admitted. During the course of giving his evidence, Mr Hall admitted particulars 17(a) and (b) of the Allegation in so far as it related to those particulars already admitted. In accordance with Rule 6(3)(a) of the Rules these particulars are found proved.

The Committee was presented with an agreed bundle which included all the documents submitted by Mr Hall and the GCC. The documents included expert reports from Dr Bjorn

Hennius on behalf of the GCC and from Dr Bernadette Martin on behalf of Mr Hall. It was agreed between the parties that the experts would not be called to give live evidence, there being little issue between them. The matter of the weight to be attached to any such document in the Bundle remained a matter for the Committee. Statements from the spouses of Patient A and Mr Hall were contained in the bundle but the parties agreed that neither spouse would be called to give evidence nor their statements relied on.

In coming to its decision on Particulars 6(d) and (e), 7(a) and (b), 12 (a) and (b), 13, 15 (a) and (b), 16 and 17(a), (b) and (c) in so far as they related to matters not already admitted, the Committee considered all the oral and documentary evidence. It also took into account the submissions made on behalf of the GCC and Mr Hall and the advice of the Legal Assessor. It bore in mind that the burden of proof is on the GCC to prove its case and that the standard of proof is the civil standard, which is the balance of probabilities.

In many respects the Committee found Patient A to be a credible and reliable witness. In relation to certain particulars, however, her evidence was inconsistent and or unclear and accordingly the Committee did not find that the GCC had discharged its burden of proof in respect of all the particulars.

In relation to particular 6(d), having heard live evidence from both Patient A and Mr Hall, the Committee was not satisfied that these words had been spoken by Mr Hall, and this particular was not found proved.

In relation to particular 6(e), there was considerable evidence in the bundle that massages of an intimate nature had occurred. Further, in his own affidavit dated 24 June 2009, at paragraph 20, Mr Hall appeared to admit such massages in the context of a sexual relationship. In giving evidence, Patient A confirmed that intimate touching had taken place, in addition Mr Hall admitted touching Patient A in intimate areas in the context of a sexual relationship. This particular is therefore found proved.

In relation to particular 7(a), there was evidence in Patient's A affidavit, in her solicitor's letter and her own notes in Exhibit 2 of this event. Patient A also gave detailed oral evidence about it and the effect on her and the Committee found this persuasive. In his affidavit, Mr Hall denied massaging Patient A's buttocks and at some length suggested that Patient A had confused the buttock massage with a "sacral pull". However, when giving live evidence he changed his account significantly, admitting that he had massaged Patient A's buttocks, but only in the course of a clinical procedure. No mention of this appeared in his clinical notes, which were otherwise fairly thorough. Mr Hall was unable to offer an adequate explanation for the change of evidence or the lack of a record. On balance the Committee preferred Patient A's account. Therefore this particular is found proved.

It was alleged that Mr Hall had informed Patient A that the buttock massage referred to in particular 7(a) would assist with her loss of libido following her menopause. This was a strict conflict of evidence with Patient A saying that it had happened and Mr Hall saying it had not. In the absence of any other evidence on the point, the Committee was not persuaded on this particular. Accordingly particular 7(b) is not found proved.

In relation to particular 12(a), the Committee was satisfied that Mr Hall very much controlled what took place in his clinic. Whilst Patient A may have hoped or desired sexual intimacy at her appointments, she never knew what in fact would occur. It was Mr Hall who decided there would be treatment or intimacy or both and sometimes changed his mind at short notice.

Mr Hall was the healthcare professional, it was his place of work whereas Patient A was the vulnerable patient. There was clear live evidence from Patient A about this and much of her evidence concerning Mr Hall's control of their relationship was not challenged during the hearing. This particular is therefore found proved.

As to particular 12(b), although the Committee was satisfied that Mr Hall took the lead in arranging appointments, the Committee was not satisfied that there was sufficient evidence of control of the relationship having been exerted through the arrangement of appointments. The evidence tended to show that in most instances appointments were made by mutual agreement. This particular is therefore not proved.

In relation to particular 13, Patient A could not identify to the Committee any specific patient details as regards to patient names or details of treatment disclosed to her by Mr Hall. In giving evidence Patient A also stated that she had not always been wearing her hearing aid when Mr Hall had talked about such matters and that such information had "washed over her". Patient A further said that "he was not telling me patients' secrets" and she had not been told anything that she considered to be confidential. As a result, the Committee is not satisfied on the evidence that Mr Hall discussed with Patient A details of one or more patients and their treatment. This particular is therefore not found proved.

In relation to particular 15(a) it was agreed between the parties that barring one instance (4 August 2008), the treatment notes recorded all instances of appointments of Patient A with Mr Hall. The burden of proof lay with the GCC to prove that these records were inaccurate. Although Patient A stated in her affidavit and in her notes in Exhibit 2 that on some occasions they had only engaged in sexual intimacy, when giving live evidence she could not identify specific dates, and was not always clear what was chiropractic treatment and what was sexual intimacy. She vacillated on the question of whether she could be sure that on any given occasion she had received no chiropractic treatment. Therefore the Committee was not satisfied that the GCC had discharged its burden in relation to this particular. This particular is therefore not proved.

It follows from the above that particular 15(b), in relation to dishonesty is therefore not proved.

In relation to particular 16, the GCC also bore the burden of proof to demonstrate that Mr Hall had dishonestly issued invoices for chiropractic treatment to Patient A in respect of consultations when only sexual intimacy had taken place. Although there was a clear instance of an appointment on 4 August 2008, where an invoice was issued and paid and no treatment was recorded in the chiropractic notes, Patient A's evidence was not clear that no chiropractic treatment had been given on this or any other appointment. Patient A's affidavit records 4 August 2008 as "possibly" such an occasion, but her live evidence was more uncertain. The Committee noted the acceptance by Mr Hall at paragraph 65 of his affidavit of some apparent wrong doing and was concerned at the very unsatisfactory answers he gave when being questioned about this admission. However, Mr Hall was insistent that on each appointment chiropractic treatment did take place. The Committee was not satisfied on the evidence that this particular was found proved.

In relation to particulars 17(a),(b) and (c), in so far as they related to particulars not admitted and now found proved, namely 6(e), 7(a) and 12(a), the Committee found in each instance that Mr Hall's behaviour amounted to conduct not in Patient A's best interests and an abuse of his professional position. Accordingly these particulars are found proved.

UNACCEPTABLE PROFESSIONAL CONDUCT

The Committee went on to consider whether the facts found proved amounted to Unacceptable Professional Conduct, which is conduct falling short of the standard required of a registered chiropractor in accordance with Section 20(2) of the Chiropractors Act 1994.

The Committee determined the facts found proved did amount to Unacceptable Professional Conduct. The reasons are that the Allegation concerns Mr Hall having engaged in a longstanding sexual relationship with a patient in his care. The relationship extended for period from September 2007 until January 2009.

Patient A was a physically and emotionally vulnerable person when she came to Mr Hall for treatment. Despite being aware of this and his own professional obligations, Mr Hall chose to engage in a wholly inappropriate and extended personal and sexual relationship with Patient A. Thereby contravening the GCC's Code of Practice and Standard of Proficiency in particular section C1.4 and ignoring the Guidance on Clear Sexual Boundaries between Healthcare Professionals and Patients as promulgated by the Council for Healthcare Regulatory Excellence (January 2008).

Mr Hall made no attempt to end the professional relationship and arrange alternative care for Patient A and in addition on his own admission, was well aware of the requirements of the GCC's Code of Practice and Standard of Proficiency in this regard. He had stated to Patient A that his conduct, if discovered, would lead to serious consequences for him. He was well aware of the professional boundaries between himself and Patient A which he deliberately ignored and breached in pursuit of his own gratification.

Quite plainly and on his own admission, he abused his professional position and acted in a manner that was unprofessional and unacceptable to the chiropractic profession.

Mr Hall has shown a significant disregard for the welfare of his patient, Patient A, and he has abused her trust thereby breaching the fundamental principle of the Code of Practice - that the welfare of the patient is paramount.

The relevant sections of the GCC's Code of Practice and Standard of Proficiency are:

Section C of the Code of Practice. The relevant section is under the heading "*Chiropractors must justify public trust and confidence by being honest and trustworthy*".

Clause C1, "*Chiropractors must act with integrity and never abuse their professional standing*" applies.

In particular Clause C1.1 states:

"Specifically chiropractors must remember that the relationship between chiropractors and their patients is based on trust and on the principle that the welfare of the patient is paramount."

and Clause C1.4.

"Specifically chiropractors must not use their professional position as a means of pursuing a sexual relationship with a patient and must end the professional relationship if they find they are becoming involved with a patient, or a patient is becoming involved in such a relationship with them."

and E1.4

"Specifically chiropractors must avoid conduct which may undermine public confidence in the chiropractic profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice."

The Code of Practice is unequivocal in its requirements concerning relationships with a patient. By his own admissions and based on the Committee's findings, Mr Hall breached the Code in this respect. He did not consider Patient A's welfare in his care to be paramount. He put his wants and desires above her welfare.

For all these reasons, the Committee has determined that the facts found proved do amount to Unacceptable Professional Conduct and the Committee is satisfied that Mr Hall is guilty of Unacceptable Professional Conduct.

SANCTION

The Committee has carefully considered the submissions made by Mr Barlow on behalf of Mr Hall and those made by Mr Cosgrove on behalf of the GCC. The Committee is mindful that its role is to protect patients and the wider public, to maintain public confidence in the profession and to declare and uphold proper standards of conduct. In determining the appropriate sanction, the Committee has taken into account the GCC Indicative Sanctions Guidance, and been mindful that any sanction should be proportionate and is not intended to be punitive, although that may be its effect.

The Committee has taken into account the fact that Mr Hall has a previous good history.

During its deliberations, the Committee took account of the following:

- The GCC's Code of Practice and Standard of Proficiency (effective 8 December 2005);

- The Council for Healthcare Regulatory Excellence documents ("CHRE"),

    - Clear Sexual Boundaries between Healthcare Professionals and Patients: Responsibilities of Healthcare Professionals, January 2008;

    - Clear Sexual Boundaries between Healthcare Professionals and Patients: Guidance for Fitness to Practise Panels, January 2008.

- The case of the GCC against *Stewart* [2008] case reference 0407/01134/01, (being reminded by Mr Cosgrove on behalf of the GCC that the decisions on sanction in other cases may be of some assistance for the purposes of general comparison, but sanction must depend on the facts of each individual case).

The Committee also accepted the advice of the Legal Assessor.

The Committee has determined that the appropriate sanction is removal from the Register of Chiropractors. Its reasons are as follows:

First the Committee considered an admonishment, but did not consider this to be sufficient to reflect the seriousness of the allegations proved, and adequately protect the public.

There was evidence that direct harm of both a physical and emotional nature had been caused to Patient A, who gave evidence that she had lost weight and required counselling which was ongoing.

Mr Hall failed to demonstrate appreciable insight into his conduct. He had not taken the opportunity to apologise for his behaviour to Patient A until the point of being cross examined in the hearing. The Committee's view was that the apology offered to Patient A was reluctant. In addition, Mr Hall failed to initially accept that his behaviour was not in Patient A's best interest and an abuse of his professional position.

The conduct was not an isolated incident but was carried out over an extended period and amounted to a series of breaches of the Code of Practice and Standard of Proficiency (effective 8 December 2005). His actions were deliberate, in full awareness of his obligations and displayed a degree of pre-meditation.

Mr Hall was at all times acting freely and without any suggestion of coercion or duress. There was no evidence of any rehabilitative or corrective steps taken by Mr Hall. No references or testimonials were offered in mitigation.

The Committee then went on to consider whether or not a Conditions of Practice Order would be sufficient. It concluded that such an order would not be sufficient to protect the public, maintain confidence in the profession and uphold standards of practice.

Mr Hall told the Committee that he was not as emotionally involved in the relationship as Patient A had been. His lack of insight into the harm he caused her and his reluctant apology struck the Committee as displaying an appalling attitude to the welfare of Patient A and to Mr Hall's professional responsibilities.

The Committee was strongly of the view that continued registration with conditions would not avoid a direct or indirect risk to patients. No appropriate, practicable or assessable conditions could be formulated or had been suggested by either party.

The Committee then considered whether or not a Suspension Order was appropriate in Mr Hall's case, and determined that it was not the minimum necessary to protect the public, maintain confidence in the profession and uphold standards of practice.

The Committee is firmly of the view that the behaviour demonstrated in this case is fundamentally incompatible with continuing to be registered as a chiropractor. This is a very serious case of misconduct over an extended period involving real consequent harm to a patient in the care of a healthcare professional.

The seriousness is compounded by the attitude of the registrant and the lack of insight demonstrated. The Committee is satisfied that, despite a previous good history the elements of

the extended period of misconduct, the extent of sexual behaviour and the vulnerability of the patient concerned combine to indicate a significant risk of similar behaviour being repeated.

Patient A's interests had at no time been sufficiently respected by Mr Hall, who had instead sought to place his own interests ahead of his patient's. No appropriate, practicable and assessable actions could be recommended to be undertaken.

The Committee considers that the allegations found proved against Mr Hall are so serious that a sanction of suspension would not be sufficient to protect the public, maintain confidence in the profession and uphold standards of practice and therefore has decided that removing Mr Hall's name from the register is the only appropriate sanction in this case. The Committee has already found that Mr Hall's behaviour is fundamentally incompatible with being a chiropractor. It further considers that Mr Hall's flagrant violation of sexual boundaries and his abuse of his patient represented a serious departure from the relevant professional standards outlined in the Code of Practice and Standard of Proficiency (effective 8 December 2005).

Contrary to the guidance in the document "Clear Sexual Boundaries between Healthcare Professionals and Patients: Responsibilities of Healthcare Professionals" (CHRE 2008), Mr Hall acted on feelings of sexual attraction to his patient and failed to recognise the harm such actions would cause to the patient. He failed to be self-aware and alert to precursors to displaying sexualized behaviour towards his patient. He failed to act appropriately on recognizing signs of sexual attraction at an early stage with the result of serious harm to his patient. He failed to seek help and advice from colleagues or an appropriate professional body on recognizing his sexual attraction to Patient A. He failed to find alternative care for his patient or to hand over her care to another healthcare professional. His conduct resulted in a complete abrogation of his professional relationship with his patient.

As outlined in the guidance document "Clear Sexual Boundaries between Healthcare Professionals and Patients: Guidance for Fitness to Practise Panels" (CHRE 2008), several aggravating factors were present.

Patient A displayed considerable physical and emotional vulnerability. It was clear from the evidence that Mr Hall deliberately cultivated an empathetic relationship with Patient A over a period of time. The abuse occurred on numerous occasions over a significant period.

Mr Hall was at all times in the view of the Committee in control of the relationship. He was the professional healthcare provider and Patient A was his patient. The relationship was pursued at his clinic and Patient A was obviously vulnerable.

The Committee had evidence before it of serious harm having been caused to Patient A as outlined above. The Committee also felt that there was a continuing risk to patients.

The conduct involved a significant abuse of position and breach of trust involving a vulnerable patient. The conduct was found to be of a serious sexual nature and included sexual intercourse on numerous occasions. It involved a persistent lack of insight into the seriousness of the consequences for Patient A.

The Committee considered the approach of another panel of the Committee in relation to the case of *Stewart*. The conduct in that case was noted to be less serious than that in Mr Hall's case. Whilst Stewart's case was not a precedent, the approach of the other panel was taken into account.

The Committee noted the apologies offered to the Committee and to the profession by Mr Hall in his affidavit and repeated in submissions on his behalf and his offer to resign from the profession. The Committee also noted the lack of apology to Patient A in Mr Hall's affidavit and Mr Hall's reluctance to apologise to Patient A in the hearing. The Committee also noted that Mr Hall had made certain admissions as to the particulars in his affidavit, and took this into account.

On balance, the firm view of the Committee was that the minimum appropriate sanction to secure the legitimate aims of patient protection, maintaining public confidence and declaring and upholding proper standards of conduct was to order the removal of Mr Hall from the Register of Chiropractors.

In accordance with Section 31 of the Chiropractors Act 1994 and Rule 18(1)(a) of the GCC (Professional Conduct Committee) Rules 2000, this decision will come into effect 28 days from the date on which notification of the decision is sent to Mr Hall, unless he exercises his right of appeal, which must be exercised before the expiry of that 28 day period, in which case it will come into effect only if and when the appeal is withdrawn or dismissed.

INTERIM SUSPENSION

The Committee has considered whether or not to make an Interim Suspension Order in this case pending the coming into force of the substantive Order that it has just made to remove Mr Hall's name from the Register of Chiropractors.

The Committee was reminded by the Legal Assessor that, in order to make such an order, Section 24(2) of the Chiropractors Act 1994 requires the Committee to be satisfied that it is necessary to protect members of the public.

Mr Barlow on behalf of Mr Hall has not sought to oppose the making of an Interim Suspension Order and has not put forward any arguments as to why such an order should not be made.

The Committee considered that, although an interim order is not opposed by Mr Barlow, it must still be satisfied that it is necessary to protect the public before an Interim Suspension Order can properly be made.

The findings against Mr Hall are very serious. The Professional Conduct Committee does not lightly order the removal of a chiropractor's name from the Register. In this case, it was considered the minimum sanction required to protect the public, uphold standards and maintain confidence in the profession.

The Committee considers that allowing Mr Hall to continue to practise before the substantive Order comes into force would unnecessarily expose patients to risk.

Accordingly, the Committee has determined that it is necessary to impose an Interim Suspension Order in this case.

That is our decision and concludes the proceedings.

Chairman of the Professional Conduct Committee

In accordance with provision of Rule 18(1)(a) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000, we must remind you of your right of appeal under Section 31 of the Chiropractors Act 1994, as amended by Section 34 of the National Health Service Reform and Health Care Provisions Act 2002, to the High Court of Justice in England and Wales against this decision of the Committee. Any such appeal must be made before the end of the period of 28 days, beginning with the date upon which this notice is served upon you.

Please note that the decision of this Committee is a relevant decision for the purposes of Section 29 of the National Health Service Reform and Health Care Professions Act 2002.

As of 1 January 2009, the Council for Healthcare Regulatory Excellence has a period of 40 days, in addition to any appeal period provided to the chiropractor, in which to lodge an appeal.

Signed: Dated: 15 July 2009

Winnie Walsh
Specialist Officer (Regulation)
On behalf of the Professional Conduct Committee

Explanatory Notes:

Notices of Finding are normally divided into three sections, which reflect different stages of the hearing process:

1. The Allegation: This section contains the full allegations as drafted by the Investigating Committee and as considered by the Professional Conduct Committee.
2. The Decision: This section contains the findings of fact reached by the Professional Conduct Committee on the allegation and the reasons therefore. In particularly complex cases the reasons may be given separately from the findings of fact for purposes of clarity.
3. The Sanction: This section contains details of the sanction applied by the Professional Conduct Committee. In certain cases the section may be sub-divided for the purposes of clarity.